

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516403

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		1		1		
5		3		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		8		1		
11		8		1		
12	1		1			
13		1		1		
14		2		1		
15		2		1		
16		1		1		
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TOTAL IND.

2

TOTAL DEP.

23

TOTAL CLAIMS

25

TOTAL IND.

2

TOTAL DEP.

23

TOTAL CLAIMS

25